

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

Name:

Last

First

Middle  
Name/Initial

Date of Birth:

**Adjudication and  
Prohibited Possession  
of Firearms  
Cancellation Report**

Check all boxes that apply:

**CANCELLATION INFORMATION*****Juvenile Adjudication:***☐ A court determined that the person is not likely to act in a manner dangerous to public safety and the right to possess firearms is restored. (§941.29(8), Wis. Stats.)

Effective Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year***Commitment, Guardianship or Protective Placement:***

A court determined that the circumstances regarding the:

☐ Mental commitment (§51.20, Wis. Stats.)☐ Alcohol commitment (§51.45, Wis. Stats.)☐ Guardianship of the Person (§54.10, Wis. Stats.)☐ Protective services or protective placement order (§55.12, Wis. Stats.)

and the individual's record and reputation indicate that the individual is not likely to act in a manner dangerous to public safety and that the granting of the petition would not be contrary to public interest.[§§51.20(13)(cv)1m.b, 51.45(13)(i)2.b, 54.10(3)(f)2.b and 55.12(10)(b)2, WI Stats.]

Effective Date of Order:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Submitted By – Name &amp; Title

County

Date of Report (Month/Day/Century-Year)

Court ORI

Submit one copy to: Crime Information Bureau, Attn: Handgun Hotline  
P.O. Box 2718  
Madison, WI 53701-2718 or  
Email to: [wihotline@doj.state.wi.us](mailto:wihotline@doj.state.wi.us) or  
Fax to: (608) 264-6200

Retain the original copy for your records. Should you have questions or require assistance call:  
(608) 267-2776.